

Type a plus sign (+) inside this box (+)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01 (8/96)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td style="width: 50%;">3848-00592</td> </tr> <tr> <td>First Named Inventor</td> <td>John C. Falligant</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	3848-00592	First Named Inventor	John C. Falligant	COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name	
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First Named Inventor	John C. Falligant														
COMPLETE IF KNOWN															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															
DECLARATION Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing OR Declaration <input type="checkbox"/> Submitted after Initial Filing															
As a below named inventor, I hereby declare that:															
My residence, post office address, and citizenship are as stated below next to my name.															
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:															
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> KEYED ANESTHETIC VAPORIZER FILLING SYSTEM </div> (Title of the Invention)															
the specification of which <input checked="" type="checkbox"/> is attached hereto															
OR <input type="checkbox"/> was filed on (MM/DD/YYYY) as United States Application Number or PCT															
International Number and was amended on (MM/DD/YYYY) (if applicable).															
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.															
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.															
I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.															
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?											
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YES	NO														
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<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.															
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.															
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.													

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT International application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

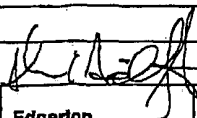
Name	Registration Number	Name	Registration Number
Daniel D. Fetterley	20,323	Joseph D. Kuborn	40,689
George H. Solveson	25,927	Jeffrey S. Sokol	35,886
Gary A. Essmann	29,378	William L. Falk	27,709
Thomas M. Wozny	28,922		
Michael E. Taken	28,120		
Joseph J. Jochman, Jr.	25,058		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

<input checked="" type="checkbox"/> Please direct all correspondence to:	Name	Joseph D. Kuborn
Address	Andrus, Sceales, Starke & Sawall, LLP	
Address	100 East Wisconsin Avenue, Suite 1100	
City	Milwaukee	State
Country	United States	Telephone
		(414) 271-7590
		Fax
		(414) 271-5770

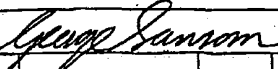
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))	Family Name or Surname
John C.	Falligant

Inventor's Signature		Date	3/14/2002
RESIDENCE: City	Edgerton	State	WI
Country	USA	Citizenship	USA

POST OFFICE ADDRESS	871 State Road 73
City	Edgerton
State	WI
Zip	53534
Country	USA

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Gordon G.				Sansom					
Inventor's Signature				Date		3/14/2002			
RESIDENCE: City		Sun Prairie		State	WI	Country	USA	Citizenship	United Kingdom
POST OFFICE ADDRESS		613 Woodview Drive							
City		Sun Prairie		State	WI	Zip	53590-2488	Country	USA
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.									

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PTO/SB/01 (8/96) DECLARATION Declaration OR Declaration <input type="checkbox"/> Submitted with <input checked="" type="checkbox"/> Submitted after Initial Filing Initial Filing	Attorney Docket Number	3848-00592
	First Named Inventor	John C. Falligant
	COMPLETE IF KNOWN	
	Application Number	10/099,647
	Filing Date	03/15/2002
	Group Art Unit	3751
	Examiner Name	J. Casimer Jacyna

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

KEYED ANESTHETIC VAPORIZER FILLING SYSTEM

(Title of the Invention)

the specification of which
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **03/15/2002** as United States Application Number or PCT

International Number **10/099,647** and was amended on (MM/DD/YYYY)
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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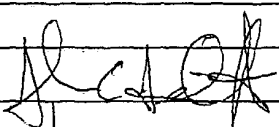
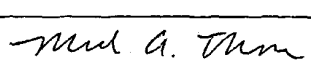
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional
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U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)		
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Gary A. Essmann		29,376		William L. Falk		27,709		
Thomas M. Wozny		28,922						
Michael E. Taken		28,120						
Joseph J. Jochman, Jr.		25,058						
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.								
<input checked="" type="checkbox"/> Please direct all correspondence to: Name Joseph D. Kuborn								
Address Andrus, Sceales, Starke & Sawall, LLP								
Address 100 East Wisconsin Avenue, Suite 1100								
City Milwaukee		State Wisconsin		Zip 53202-4178				
Country United States		Telephone (414) 271-7590		Fax (414) 271-5770				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>								
<p>Name of Sole or First Inventor: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>								
Given Name (first and middle [if any])				Family Name or Surname				
John C.				Falligant				
Inventor's Signature					Date		4/9/03	
RESIDENCE: City Edgerton		State WI		Country USA		Citizenship USA		
POST OFFICE ADDRESS 871 State Road 73								
City Edgerton		State WI		Zip 53534		Country USA		
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Mark A.				Thom				
Inventor's Signature					Date		4/9/03	
RESIDENCE: City Madison		State WI		Country USA		Citizenship U.S.		
POST OFFICE ADDRESS 2013 Mica Road								
City Madison		State WI		Zip 53719		Country USA		
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gordon George				Sansom			
Inventor's Signature		<i>George Sansom</i>		Date		09-APRIL 2003	
RESIDENCE: City		Inverness	State	Scotland	Country	UK	Citizenship
							United Kingdom
POST OFFICE ADDRESS		Antfield Farmhouse, Scaniport					
City	Inverness	State	Scotland	Zip	IV2 6DN	Country	United Kingdom
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.							